North Simcoe Muskoka **LHIN**
RLISS de Simcoe Nord Muskoka

Annual Report 2013-2014

Transforming Health Care Across North Simcoe Muskoka

Healthy People
Excellent Care
One System

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

North Simcoe Muskoka
Local Health Integration Network
Annual Report 2013-2014
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Message from the Chair and Chief Executive Officer

Robert Morton
Chair

Jill Tettmann
Chief Executive Officer

LHINs play a crucial role in the health care system. We listen to what our communities have to say like no one has before. We are champions for the needs of our communities and the people who depend on our health services. And we hold local providers accountable for the care that they deliver.

Our job is to make the system work better for people – not just with one care provider, but as people move along the health care continuum from one care setting to another.

On behalf of the LHIN Board and staff it is our pleasure to present highlights of activities that supported our collaborative efforts with health service providers, stakeholders and the community in North Simcoe Muskoka during fiscal year 2013-2014.

Through the work of *Care Connections – Partnering for Health Communities*, NSM LHIN has engaged over 1200 individuals as well as thousands of hours through the daily work of the 12 Clinical and Enabling Councils comprising *Care Connections*. Engagement events were held throughout the year with partners in health care including local organizations, physicians, municipal and regional representatives, clients and residents. These events provided opportunities to share, leverage and innovate, with a view to facilitating solutions and approaches to key areas of focus, including stigma associated with mental health and addictions, substance abuse, patient-centred care, chronic disease prevention and management, seniors' health, long-term care, quality improvement, and collaborative governance.

Quality improvement continued to be a major underlying theme of the work done in fiscal 2013-14, inclusive of Community Health Links, health service providers along the continuum of care, the CCAC, the Aboriginal Community, and collaborative efforts with Health Quality Ontario (HQO). To support NSM LHIN's commitment to the application of quality improvement science to achieve its strategic objectives as identified through *Care*

Connections, the LHIN focused on building capacity within the system, creating networks and opportunities for collaboration, and facilitating quality improvement events, including kaizen, value stream mapping, training for QI facilitators and developing a quality improvement network.

Health Links is a key initiative that is changing how we serve patients across the province, starting with the development of integrated, coordinated care plans for complex care patients through direct involvement with and collaboration among the patient, family, primary care, community care, social services and acute care within a given geography. Since it was first launched last December, there are now 37 of these Health Links across Ontario, with five Health Links actively engaging multi-disciplinary health care providers in each of North Simcoe Muskoka (NSM) LHIN's five sub-geographies: Muskoka, Orillia, Collingwood, Midland-Penetanguishene, and Barrie.

Two of NSM's early-adopter Health Links have leveraged quality improvement processes and technology while actively engaging patients through an "MVP" (Most Valuable Patient) Clinic, and established a Patient Advisory Group to support the development of a Collaborative Care Plan Model in Barrie and South Georgian Bay, respectively. And together, the five Health Links are learning from each other through weekly "Think Tank" meetings, an active Community of Practice, and other initiatives to evolve the Health Links concept going forward and develop strategies that incorporate continuous quality improvement as health system transformation continues.

Regional governance sessions held in each of NSM's five sub-geographies provided board governors of health service providers and community service organizations with a forum to come together to discuss best practices, shared learnings and knowledge, and local and system opportunities and action plans that addressed the unique populations in North Simcoe Muskoka. Participants brought forward some very thoughtful perspectives on balancing agency and system responsibilities and accountabilities, building Board capacity, leveraging successes, developing common strategic directions, capitalizing on innovative thinking underway, managing risk, and other/new collaborative opportunities to support the transformation of health care delivery in NSM.

North Simcoe Muskoka LHIN continues to **focus on integration** as a key driver for health system transformation, which supports and improves the sustainability of the health system by encouraging integrated service delivery and care models across sectors. In 2013-14, all five hospitals in NSM voluntarily agreed that an evidence-based, three sited model for delivering a LHIN-wide **Musculoskeletal (MSK) Program** would operate out of Orillia Soldiers' Memorial Hospital, Royal Victoria Regional Health Centre and Collingwood General and Marine Hospital. This now allows patients who are diagnosed with the need for a hip/knee replacement to enter a centralized triage and move through a system-wide care pathway.

Physiotherapy reform introduced by the Ministry of Health and Long-Term Care in April 2013 provided more than 200,000 additional seniors and patients in Ontario with improved access to high-quality physiotherapy, exercise, and falls prevention classes. In NSM, this translated into an additional seven new community clinics that allow residents across North Simcoe Muskoka to have access to clinic based physiotherapy services closer to

home. As well, the government's funding to improve access to falls prevention and exercise classes in the community means that in NSM, up to 5,000 seniors will be able to participate in group exercise classes when all expansion sites are up and running.

One of the more notable improvements to the "% **Alternate Level of Care (ALC)** Days" indicator on the Ministry-LHIN Performance Agreement during 2013-14 was the significant decrease of ALC patients waiting for a discharge destination of long-term care. This change, evident at Royal Victoria Regional Health Centre, with further improvements from Collingwood General and Marine Hospital expected in early 2014-15, was primarily due to the Home First philosophy, which sees patients discharged to their homes with the support of the Community Care Access Centre (CCAC) and community support services rather than waiting for the availability of a long-term care home bed. At the beginning of 2013-14, there were approximately 112 ALC patients waiting for a long-term care home; by the end of the fiscal year, this number had been decreased to a total of 60 patients.

Through *Care Connections – Partnering for Healthy Communities*, the NSM LHIN's 10 year integrated health system plan, we are seeing an unprecedented level of support and **mobilization among health service providers across NSM on the need for change**. Many of the strategies for reform – from "pay for outcomes" funding reform, to orthopaedic surgery, complex continuing care, and the new Health Links provider collaboratives – are already underway and gaining momentum with growing support in the sector.

On behalf of the NSM LHIN and its Board of Directors, we extend our thanks to our health service providers, community service organizations and the community for their willingness to offer expertise, explore innovative solutions, build capacity and collaborate to transform the health system in North Simcoe Muskoka. Through a collective, dedicated and meaningful effort to work together, we are making significant progress in achieving our bold NSM vision of *Healthy People. Excellent Care. One System.*

North Simcoe Muskoka LHIN Board of Directors

Robert Morton, Chair (2011-2017)

Committee Membership:
- Audit
- Governance
- Health System Improvement

Don Mitchell, Vice-Chair (2010-2015)

Committee Membership:
- Audit (C)
- Governance

Rick Antaya, Director (2010- 2015)

Committee Membership:
- Health System Improvement

Peter Brown, Director (2010-2015)

Committee Membership:
- Health System Improvement

Peter Preager, Director (2011-2017)

Committee Membership:
- Audit
- Governance (C)

Margaret Redmond, Director (2011-2016)

Committee Membership:
- Governance

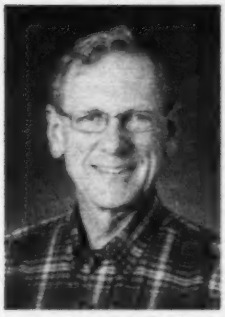
Ron Stevens, Director (2011-2017)

Committee Membership:
- Health System Improvement (C)

North Simcoe Muskoka LHIN Physician Leads

Dr. Donald Atkinson

Emergency Medicine



Dr. Donald Atkinson is a family physician practicing in Orillia. He has filled many roles through his association with Orillia Soldiers' Memorial Hospital, most notably as Chief of Staff from 2007 to 2014. Dr. Atkinson will serve as a member of the *Care Connections - Partnering for Healthy Communities* Medicine Council's LHIN-wide Emergency Department Project Steering Committee, which champions improvements in emergency department service delivery; provides advice to the LHIN CEO on emergency department services, and, supports the advancement of the Emergency Department Strategy across North Simcoe Muskoka.

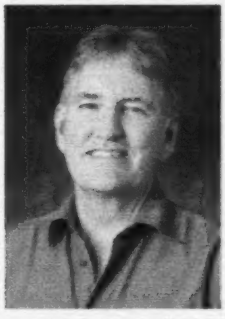
Dr. John MacFadyen

Chronic Disease – Diabetes

Dr. John MacFadyen is an Internal Medicine specialist, recognized locally and provincially for his expertise and leadership in diabetes management. Most recently, he served as the physician lead for the NSM Diabetes Regional Coordination Centre. Dr. MacFadyen champions best practices in the field of chronic disease prevention and management (CDPM) and provides advice to the NSM LHIN's CEO on CDPM delivery and diabetes care.

Dr. Harry O'Halloran

Primary Care



Dr. Harry O'Halloran is a family physician practicing in the Collingwood area and is the Primary Care Physician Lead for the NSM LHIN. Dr. O'Halloran is playing an instrumental role in the development and implementation of the NSM LHIN Health Links and leads the NSM LHIN Primary Care Network. Dr. O'Halloran serves as a member of the *Care Connections - Partnering for Healthy Communities* In Home and Community Capacity Coordinating Council.

North Simcoe Muskoka LHIN Physician Leads (cont'd)

Dr. Steven Herr
Primary Care - Diabetes

Dr Steven Herr is a family physician with the Algonquin Family Health Team in Huntsville and also works in the Emergency Department at Muskoka Algonquin Healthcare. He has a keen interest in prevention of chronic disease and integrative therapies. Dr. Herr is the LHIN primary care diabetes lead and will focus on prevention and wellness. In addition, Dr. Herr is a member of the *Care Connections - Partnering for Healthy Communities* Chronic Disease Prevention and Management Project Steering Committee. He is a member of the LHIN Primary Care Network and is very active with the Ontario College of Family Physicians.

Dr. Adarsh Tailor
Critical Care

Dr. Adarsh Tailor is currently a staff physician, Intensivist, at Royal Victoria Regional Health Centre in Barrie. In addition to his role at RVH as a physician who specializes in the care and treatment of patients in intensive care, and his new role with the NSM LHIN, Dr. Tailor works with the Barrie and Community Family Health Team (BCFHT) as a Respirology/Pulmonary Rehabilitation Consultant. Dr. Tailor will serve as a member on the *Care Connections - Partnering for Healthy Communities* Medicine Council's LHIN-wide Critical Care Project Steering Committee, which champions improvements in critical care service delivery, provides advice to the LHIN CEO on critical care services and supports the advancement of the Critical Care Strategy across North Simcoe Muskoka.

Introduction

Established in 2005, LHINs are mandated to manage the planning, integration, performance and funding of the health system across Ontario. While the LHIN does not directly provide health care services, we work in partnership with many organizations and agencies involved in the provision of care, including health service providers, social and community care providers, municipalities and members of the public. As crown agencies of the Ministry of Health and Long-Term Care (MOHLTC), LHINs provide leadership and accountability for the health system at the local level, ensuring the health needs of people are being identified, coordinated and addressed in a truly integrated system. It is by design that LHINs strategically plan in such fashion as to align with ministerial and government priorities.

Together with our health service partners we establish priorities and plans for health services delivered in North Simcoe Muskoka (NSM). The LHIN also provides system leadership, spurs change and fosters collaboration among all health system partners, including health service and primary care providers and public health professionals.

Ontario's LHINs are responsible for the allocation of approximately half ($23.5 billion in 2013-2014) of provincial health care expenditures. Together with the MOHLTC, they align local and regional plans with provincial priorities in order to both improve access to care and ensure long-term sustainability of the health system.

The NSM LHIN funds 75 health service providers, spanning the entire health care continuum in North Simcoe Muskoka. In 2013-2014, we allocated approximately $840 million to the following local health system organizations and/or specific programs:

- 7 Hospitals
- 1 Community Care Access Centre (CCAC)
- 26 Long-Term Care Homes (LTC)
- 3 Community Health Centers (CHC)
- 29 Community Support Service Organizations (CSS, ABI & ALSSH)
- 9 Community Mental Health Agencies (MH & Addictions)

With a need to curtail growing expenditures, if only to ensure the future sustainability of the health system, the government has indicated that funding for the health care system cannot continue to grow at past rates. If access to services and quality care is to be maintained and/or improved upon, such a position will necessitate better value for money from all parts of the health care system.

Aligned with ministry efforts, Ontario's LHINs are planning for changes to the health care system that enable delivery of the right care, in the right place, at the right time, while promoting value for the dollar and ensuring resources are used in such a manner as to promote sustainability.

Vision – North Simcoe Muskoka Local Health System

NSM's System Transformation Model works from the inside out, migrating toward a vision of *Healthy People. Excellent Care. One System.* It is the foundation upon which *Care Connections – Partnering for Healthy Communities* has been designed and identifies the common vision North Simcoe Muskoka's health system partners are committed to achieving.

...not actively seeking support from the health system
...needing active support to maintain their health
...requiring support from the health system for a period of time
PEOPLE
...living with a lifelong illness or disability
...needing immediate assistance from the health system
...coping with complex health needs

Healthy People

At the centre - the heart - of North Simcoe Muskoka's health system are its PEOPLE; almost 478,000 people to be more precise. Represented by six overlapping circles, the health needs of our population – social, occupational, spiritual, physical, intellectual emotional, environmental, financial and mental wellness - are diverse and forever changing as they move through life and stages of health.

Excellent Care

Safe, quality person-centred care will provide the right care at the right time and in the right place. It will be achieved through *Care Connections*, which organizes health services into six clinical areas (blue – Complex and Chronic Health Needs; In-Home & Community Capacity; Maternal, Newborn, Child & Youth Health; Mental Health & Addictions; Medicine; and Surgery), in turn supported by six key enablers (orange – Communications & Community Engagement; eHealth; Governance; Integrated Health Human Resources; System Navigation; and Transportation) that help to fundamentally support the activities of each clinical area.

One System

Through *Care Connections*, health system partners and residents across North Simcoe Muskoka have come together committed to optimizing the use of our collective resources to promote a healthy and supportive environment, to take care of people when they are ill and to help them maintain better health through all stages of life.

Regardless of their level or length of engagement with the health system, our goal is to ensure that North Simcoe Muskoka residents live healthy active lifestyles by making informed and safe choices that promote wellness of mind, body and spirit in order to be free of injury, pain or illness.

Mission – Together Achieving Better Health, Better Care, Better Value

Care Connections - Partnering for Healthy Communities is the ten-year operational roadmap designed to bring about the vision of an integrated health system across the NSM LHIN. Working within its framework, health system partners and communities across the region are committed to the development and implementation of effective, collaborative strategies, designed to improve service delivery and contribute to the needs and well-being of those we serve.

In the NSM LHIN, it is recognized that transformation of the health system is the shared responsibility of many partners across the continuum of care including residents, people with lived experiences, their families and health care professionals. Through *Care Connections*, everyone takes ownership of their health system.

Care Connections makes a bold prediction: by working together, we can make the local health system work better. This means coordinating services, managing information and ensuring people move effortlessly from one level of appropriate care to the next in a timely fashion. It requires transforming an "old system" into a "new system": an old system that fostered duplication, waste and inefficiencies, to a new system that is sensible, sustainable, and coordinated effectively to meet the health needs of its residents.

Collaboration with health system partners, to share accountability and take collective ownership for health system transformation, has already led to:

Healthy People = Better Health	|	improved health of the population: quality person-centred care meeting local needs.
Excellent Care = Better Care	|	better experiences for the individual: accessible, well-coordinated and sustainable care.
One System = Better Value	|	efficient operation/sustainability: local healthcare dollars being spent wisely and appropriately.

North Simcoe Muskoka LHIN Population Health Profile

In 2012, the NSM LHIN was home to 478,000 residents; 3.5% of Ontario's population. By 2017, the population is projected to increase by 4.4% or almost 30,000 individuals, just shy of half a million people. Of further note, the NSM population is projected to rise by 29.8% to 604,600 in 2032.

In 2012, 17.0% of NSM seniors were 65 years of age and over; up from 15.1% in 2007. By 2017, NSM seniors will account for 19.0% of the population and 21.4% by 2022. Meanwhile, the number of seniors aged 65 and over is expected to more than double over the next 20 years, from 79,091 in 2012 to 163,199 or 27.0% of the population by 2032.

Within the NSM LHIN, ischemic heart disease, diabetes and lung, colon and colorectal cancers are the leading causes of death. The top ten leading causes of death account for 57% of deaths. Mortality rates for many health issues including influenza, pneumonia and diabetes, and rates of Potential Years of Lost Life (PYLL) for many issues such as cirrhosis and other liver diseases, intentional self-harm and diabetes are among the highest in the province.

We know the population of NSM is both growing and aging quickly. There is also a clear picture related to causes of mortality and those areas where preventative medicine and primary care can play a leading role toward the provision of the right care, at the right time and in the right place. IHSP 2013 – 2016 takes into account the diversity and locations of the population in respect of what services to prioritize and where to deliver them.

The aforementioned information has been used to inform *Care Connections - Partnering for Healthy Communities*, the NSM LHIN's ten-year operational roadmap designed to bring about the vision of an integrated health system. Building capacity within communities, to care for individuals as close to home as possible and ensure care is delivered in the appropriate location at the right time with funds following the individual, will be top-of-mind. Specific attention will be given to solutions to meet the needs of the 1% of the population that utilizes 34% of health care resources, including seniors and those living with complex needs and conditions.

Ministry and LHIN Initiatives

Care Connections Second Curve

In December 2013, North Simcoe Muskoka LHIN conducted an evaluation of the *Care Connections - Partnering for Healthy Communities* Strategic Plan. Preliminary findings were presented to the Leadership Council at a full day Advance in January 2014. These results identified both strengths and opportunities for improvement to the current structure and functioning of the program. The intent of the evaluation was to inform any necessary mid-course recalibration and ensure the program continues to be responsive to the needs of its partner organizations.

A sub-group of Leadership Council has been tasked with the development of a refreshed plan that accelerates our future vision and moves us toward second curve thinking. This initiative is called *Care Connections* Second Curve (CCSC) Project, the outcome of which

will be a proposed *Care Connections* Strategic Plan. Once approved by LHIN Leadership Council, this plan will inform, confirm and facilitate the acceleration of our future vision and second curve thinking.

The prioritized plan will articulate detail around what programs and services will be delivered in each of our 5 geographic regions, the programs and services that will be delivered locally in each community, and the programs and services that will be delivered at a LHIN level and the programs and services that will not be delivered within the LHIN (Provincially).

Convalescent Care Program (CCP)

Convalescent care is a short stay supportive care program provided to people who need time to recover strength, endurance or functioning for a period of up to 90 days. These individuals may be admitted to the program directly from either the community or a hospital setting. The CCP expands the range of options for individuals who do not need acute care but cannot yet manage at home. It provides appropriate options to alleviate hospital Alternate Levels of Care (ALC) pressures.

The primary goals of the program are:

- to provide appropriate, quality care to people who need time to recover strength, endurance, or functioning before returning home
- to alleviate hospital pressures by providing an environment that meets the care needs of people who do not need acute care
- to make the most effective use of resources, primarily long-term care beds

In September 2012, North Simcoe Muskoka had 15 convalescent care beds located at Woods Park Care Centre in Barrie. Recognizing the value of convalescent care programs in supporting aging in place and in reducing alternate level of care pressures, the LHIN focused on expanding the NSM CCP capacity.

In October 2012, 4 beds were opened in the Collingwood Nursing Home. In March 2013, another 12 beds were opened at Leisureworld Muskoka in Gravenhurst and April 2013 saw 10 additional beds established at IOOF long-term care home in Barrie.

On December 2, 2013, five additional beds were opened at Georgian Manor in Penetanguishene. This brought the total complement of NSM convalescent care beds to 56 – exceptional growth for a much needed care delivery model.

Diabetes Care

Diabetes coordination, under the leadership of NSM LHIN Primary Care and Health System Transformation, continued to focus on improving access, equity, patient-centredness, quality and integration of the diabetes education programs across the region. Diabetes and chronic disease patients in general tend to be among the highest users of the health system.

In order to improve access for these patients, diabetes services are being addressed as part of the Health Links initiative. Equity in terms of rural services are being analyzed with the intention to ensure that services are appropriately located to meet the highest needs in the

community. The LHIN also works closely with its four Aboriginal communities to ensure that opportunities for improved services and better access are being identified.

In keeping with taking a holistic approach to health care delivery, cardiac rehab patients in the program are screened for diabetes. This program cross-integration is essential to ensuring that cardiac problems are not, in fact, complications of undiagnosed diabetes.

Twelve NSM diabetes education program teams worked with the LHIN diabetes team to develop a common patient satisfaction tool that was used by all sites for a period of 2 – 3 months. The results of the surveys were analyzed by the LHIN and reported back to each diabetes team. These programs will use the results to plan improvement activities in 2014-15. Some common challenges identified were the lack of foot care and mental health support services. Successes noted were the practice of shared medical clinics and Ontario Telemedicine Network multidisciplinary clinics.

Following his July appointment as the NSM physician lead for chronic care (with a focus on diabetes), Dr. John MacFadyen and five sub-regional physician leads, including family practitioners and internists, worked together to teach service providers across the region about current best practices in an effort to uphold quality diabetes care in North Simcoe Muskoka.

With the establishment of a Chronic Disease Prevention and Management committee, local health services providers and diabetes educators have a forum in which to work together to support initiatives across the region that support the improvement of diabetes management, better prevention and well-being.

In the fall of 2013, an NSM LHIN staff member was accepted as a member of the provincial Joint Diabetes Planning and Management Committee for both adults and pediatrics, building statistics to track capacity provincially, and re-writing the policy and procedures manual for Diabetes Education Programs and reporting.

eHealth – Information Technology

Connecting GTA

The ConnectingGTA program is all about utilizing technology and integrating Clinical Information Services to enable seamless and secure access to a patient's electronic information across the care continuum.

Through ConnectingGTA:

- patients will receive improved, coordinated care;
- clinicians will be able to initiate timely treatment, improve productivity and better collaborate with peers;
- health care organizations will be able to maximize their investments and resources while improving efficiency; and,
- the health care system will see improvements in care coordination and capacity.

In 2013-2014 NSM LHIN worked with ConnectingGTA to assign access to a select group of health care organizations as part of a series of readiness assessment activities to determine their readiness to proceed to implementation.

While ConnectingGTA is focused on health care organizations within that specific geographic area, NSM LHIN has played a key leadership role in the program, providing input and perspective to ensure NSM needs are considered and aligned with the region.

GTA West DI-r Project

Picture archiving and communications systems (PACS) and Diagnostic Imaging (DI) repositories are secure computer systems that contain patient radiology reports and images such as hospital-based CT scans, ultrasounds, MRIs, mammograms and x-rays. The implementation of these systems has eliminated the need for film and paper diagnostic images.

Benefits for patients include elimination of unnecessary travel, reduced wait times and lengths of stay thanks to faster exam reports and clinical decisions by physicians and specialists, reduced duplicate and unnecessary exams, elimination of the need to physically transfer images or CDs to the specialist, and elimination of unnecessary exposure to radiation.

In 2013-2014 all five North Simcoe Muskoka acute care hospitals went live with these systems.

RMR (Resource Matching and Referral)

The purpose of the "RM&R NSM Regional" project is to streamline the provincial patient referral process by implementing the paper-based, provincially approved referral standards in NSM for the following four in-scope health care pathways:

- Acute to Rehabilitation
- Acute to Complex Continuing Care (CCC)
- Acute to Long-Term Care (LTC)
- Acute to CCAC

Standardization and adoption of referral data/terminology enables the creation of common referral language across the province, supporting what is best for the patient and ultimately improving patient experience.

Patient benefits include: improved access to equitable care; enhanced safety and quality of care through various transition points in the care continuum; and, expedited standard information to improve patient care planning prior to patients arriving at their discharge destination.

In 2013-2014 the first phase of the RMR project in North Simcoe Muskoka was implemented at Orillia Soldiers' Memorial Hospital and Muskoka Algonquin Healthcare.

Hospital Report Manager (HRM)

HRM electronically delivers text-based medical record reports, (e.g. discharge summaries), and transcribed diagnostic imaging reports from hospitals directly into patients' chart within the clinician's electronic medical record.

In 2013-14, all health service providers, with the exception of Orillia Soldiers' Memorial Hospital have gone live and connected to the HRM. This new process:

- allows providers to receive patient reports electronically from sending facilities, such as hospitals
- enables clinicians using an EMR Specification 4.1 (or higher) to receive patient reports electronically. HRM sends narrative, text-based Medical Record (MR) and Diagnostic Imaging (DI) reports electronically directly into a patient's record within their clinician's EMR.
- Significantly decreases the time needed for report delivery, input into the EMR, and Physician group scanning, filing and inputting into the EMR

Emergency Department Wait Times and Alternate Level of Care

Emergency Department Wait Times

Fiscal year 2013-14 represented the sixth year of the Pay-for-Results (P4R) Program in Ontario, providing targeted funding to eligible acute care hospitals for the implementation of initiatives designed to improve Emergency Department (ED) performance, increase ED capacity, and/or reduce Alternate Level of Care (ALC) pressures.

As agreed by the ED Project Steering Committee (a subgroup of the Medicine Council within the Care Connections network), all acute care hospitals in NSM LHIN participated in the Program. This involved the voluntary allocation of a portion of ED P4R hospital allocations to South Muskoka Memorial Hospital site within Muskoka Algonquin Healthcare Corporation.

A total of 50 separate initiatives were approved for funding for the seven hospital sites in NSM LHIN, and funds were flowed to hospital corporations in mid-June to begin the process of system improvement. The broad range of initiatives included:

- working with community partners to facilitate improved capacity and patient flow;
- development of targeted medical directives at all sites;
- establishment of See and Treat areas (to address low acuity needs ED visits more efficiently);
- increase in ED Physician Hours for weekends and holidays;
- hiring of temporary ED staff to facilitate improved patient flow;
- the purchase of small capital items and information systems to better monitor system state and surge planning; and,
- many other initiatives designed to address system performance.

A total of $6,187,731 was allocated to NSM LHIN for the distribution of performance-based ED P4R improvement projects in 2013-14, representing an increase in merit-based funding of over $550,000 from the previous Program year.

Some efforts undertaken in NSM LHIN hospitals to reduce ED length of stay for admitted patients in the last year included direct partnerships with community agencies in each of the hospital corporations. At Collingwood General and Marine Hospital, the Transitional Care Team (consisting of a Geriatric Emergency Medicine worker, Transitional Care Coordinator, a CCAC ED Case Worker) continued to work using the 'Home First' philosophy to refer and support transition to existing community health services. Patients were transitioned back to their homes by identifying and providing appropriate/timely

access to community resources and thereby deferred admissions and decreased ED revisits and potential future admissions.

At Georgian Bay General Hospital, a portion of the P4R funding allocation was provided to Wendat Community Services in Midland to provide additional crisis coverage and improving flow by expediting admissions to Mental Health beds and arranging support in the community.

A half-time Occupational Therapist at Muskoka Algonquin Healthcare was positioned in the hospital to undertake community work as seen by the Seniors Assessment Support and Outreach Team (SASOT). The position facilitated patient discharges and kept patients in the community longer, by implementing safe home devices.

At Orillia Soldiers' Memorial Hospital, P4R funds were used to locate a CCAC Case Worker within the Hospital. Responsible for assessing patient eligibility for in-home health services & assists, the Case Worker was able to reduce ED admissions and improve patient discharge back to the community.

Royal Victoria Regional Heath Centre used a portion of P4R funding to hire a Home First leader and CCAC Coordinator; both contributing to reducing admitted patient length of stay and improving patient flow.

Alternate Level of Care (ALC)

NSM LHIN continued to be challenged in reducing the "% ALC Days" indicator on the Ministry-LHIN Performance Agreement; however, this is not to say that progress on the reduction of ALC days has not occurred.

Annual data appears to show that the percentage ALC increased compared to the prior year. In 2013-14, 23% of discharged patient days were attributed to ALC patients compared to 21.1% in 2012-13. While this appears to be a decrease in performance, the actual outcomes for the system were quite positive. The increase was primarily due to more long-stay patients being discharged than an increase in occupancy. The improved performance as a result of these discharges was particularly notable in the latest quarter of available data which showed a significant drop in ALC days and the lowest %ALC days since 2009-10.

One of the more notable improvements during 2013-14 was the significant decrease of ALC patients waiting for a discharge destination of Long-Term Care. At the beginning of 2013/14, there were approximately 112 ALC patients waiting for a LTC home; by the end of the fiscal year, this number had been decreased to a total of 60 patients. This change is primarily attributed to the implementation of the Home First philosophy. Under this philosophy, patients are discharged to their homes with the support of the Community Care Access Centre (CCAC) and community support services rather than waiting for the availability of a long-term care home bed. NSM LHIN re-launched the Home First program in two areas of NSM LHIN – Barrie and Collingwood - and is now showing the positive results of that implementation in the latest quarter of available data for Royal Victoria Regional Health Centre, with further improvements from Collingwood General and Marine Hospital expected in the coming quarters.

Capacity and access to convalescent care beds has increased in NSM LHIN from 15 in 2012/13 to 39 in 2013-14. In addition, a re-launch of the Home First approach has now begun to show positive results. Funding to the CCAC has been increased to ensure expanded support services are in place for patients being discharged to the community and approved and planned Health Links in NSM LHIN are working towards smoother transitions and care coordination for complex patients.

Health Links

Health Links are based on a partnership and collaboration agreement between health and community service providers. Five Health Links are in development across North Simcoe Muskoka in each of the five sub-geographies: Muskoka, Orillia, Collingwood, Midland-Penetanguishene, and Barrie.

The objective of the Health Links initiative is to develop one plan of care for complex care patients through direct involvement and collaboration among the patient, family, primary care, community care, social services and acute care. Integrated coordinated care plans are built around the needs of individuals and providers. This is truly a "grass roots" / bottom up community development project whereby partners and people with lived experience have the opportunity to make change, implement improvements and build a better system that is designed around the care needs of our residents.

An outcome of this collaborative service delivery model will challenge the local health system and partners to understand where improvements are required, how care is costed across the continuum and where savings, value and efficiencies need to be established to ensure sustainability of the local health system for the future.

Status

The first two Health Links approved in North Simcoe Muskoka were the Barrie and South Georgian Bay Community Health Links. The first six months of 2013-2014 were spent on the further development of business plans for these two early implementers and the organization and coordination of business plans for three new and developing Health Links in North Simcoe Muskoka – Couchiching Community Health Link in Orillia; Muskoka Community Health Link; and North Simcoe Community Health Link in the Midland-Penetanguishene area. These three Health Links have now received approval for their business plans and are currently developing implementation plans, targets and objectives.

The Health Links in Barrie and South Georgian Bay have made notable progress within the first few months of operation:

- The Barrie Health Link opened its "MVP" (Most Valuable Patient) Clinic, working through a quality improvement process involving referral process, referral criteria, identification of high users, expansion to seniors, mental health, and identifying other opportunities for collaboration. It has also actively engaged patients to inform plans going forward, developed patient tools (Patient Passports, Coordinated Care Plans), completed a Value Stream analysis to identify opportunities for improvement and has explored Information Technology Solutions.

- The South Georgian Bay Health Link has established a Patient Advisory Group, developed a Collaborative Care Plan Model currently used with 20 patients, partnered with the Home First to support residents discharged from hospital, and has leveraged information technology to implement an electronic Coordinated Care Planning Tool. This Health Link also conducts weekly 'Think Tank' meetings for health service providers and community partners to identify and review new high users and their requirements, and how to evolve the Health Links concept going forward.

Work continues with all five Health Links to improve/expand patient engagement, leverage technology solutions, create opportunities for collaboration within North Simcoe Muskoka and other jurisdictions (e.g. exploring possibilities for a patient portal with Canada Health Infoway), further evolve the Coordinated Care Plan, and develop strategies that incorporate continuous quality improvement as health system transformation continues.

Community of Practice

Bringing all five Health Links together in a Community of Practice (CoP) proved to be beneficial for shared discussion on process, practices, planning, partnerships, resources, finances, shared services, improvements, etc. The Community of Practice benefits from the active participation of representatives from the Aboriginal Health Circle and the French Language Health Planning Entité #4.

On July 31, 2013 the LHIN facilitated an event with the NSM Aboriginal Health Circle and the five Health Links. This event was valuable in identifying the Aboriginal, Métis, and First Nation needs and how best to incorporate traditional practices and Aboriginal health services and programs into the mapping of care pathways (both current and future state).

The Community of Practice collaborated on the development of requirements for a job description and outcomes for a new LHIN-funded Aboriginal Health Links Coordinator position for 2013-2014 and 2014-15. The full time coordinator has begun to work with all five Health Links to address improvements in the integration of First Nations Métis Inuit (FNMI) health services into mainstream health care and coordinated care planning.

Home and Community Services Investments

In alignment with Ministry of Health and Long-Term Care and NSM LHIN strategic directions, investments were made to support delivery of care to our most 'at risk' populations.

Seniors and residents in North Simcoe Muskoka are receiving better access to home care and community supports to help them live independently and at home longer. The LHIN heard through numerous engagement events that individuals prefer to remain in their home than have to move. To better support those who want to stay at home, in Fall of 2013 the NSM LHIN Board approved community funding allocations to improve access to and availability of services by supporting the implementation of:

- an integrated NSM Regional Seniors Health Program
- telehomecare for the monitoring of vital signs, blood sugar, etc.
- enhancement of personal support services in the home

Mental Health & Addiction

In 2013-2014 approximately 100 service providers were trained on the Transition to Independence Model (TIP) in Barrie and Muskoka. The TIP model provides guidelines and resources for service providers across various sectors who work with youth and young adults (ages 14-29) to reach their goals related to school, housing, jobs and personal well-being.

Sixty-five (65) police officers from OPP detachments and police services throughout North Simcoe Muskoka were trained in crisis intervention and de-escalation skills. Together with the Barrie police service officers trained in previous years through Canadian Mental Health Association Simcoe, a total of 146 officers in NSM have now been trained. The three day training curriculum involved:

- 2.5 days of crisis intervention skill development and scenarios provided by an OPP trainer and contracted mental health trainer
- A half-day orientation to mental health and addictions services provided by representatives from local mental health and addictions agencies.

The Mental Health & Addictions Child and Adolescent Wellness Messaging Committee hosted a workshop for health service providers on March 31, 2014. The 91 participants who attended the Innovative Approaches to Mental Health for caregivers of young children received training on the use of new resources developed by the Hospital for Sick Children's Infant Mental Health Promotion group as well as training on post-partum mood disorders.

Palliative Care

All fourteen Local Health Integration Networks have agreed that palliative care is a priority to system transformation. While provincially, the LHINs may be at different stages of implementing their local palliative care strategy all agreed to work towards the goal of achieving a regional program or network structure by March 2015.

In March 2014 the NSM LHIN provided annual operating funding for nursing and personal support services at the new Campbell House six-bed residential hospice operated by Hospice Georgian Triangle. The residential hospice will serve the residents of the Collingwood and Wasaga Beach area and is scheduled to open in the summer of 2014.

Physiotherapy

On April 18, 2013, the Ministry of Health and Long-Term Care announced that Ontario would provide more than 200,000 additional seniors and patients with improved access to high-quality physiotherapy, exercise, and falls prevention classes.

Beginning August 2013, services that were funded through OHIP were moved to another funding model - Transfer Payment Agreements. Five streams of funding reform are associated with the changes:

- In-home (provided through the Community Care Access Centres – CCACs)
- Exercise and falls prevention classes
- Long-term care homes
- Designated Physiotherapy Clinics
- Primary care

A clinical expert group for the province created definitions regarding the nature of physiotherapy service and the appropriate provider required to deliver that service. The NSM LHIN adopted these definitions and incorporated them into our work.

Prior to implementing the funding reform, OHIP funded community physiotherapy clinics were available in three locations in North Simcoe Muskoka. An additional seven new NSM community clinics are currently being implemented which will allow residents across North Simcoe Muskoka to have access to clinic based physiotherapy services closer to home.

The government also began providing publicly funded access to falls prevention and exercise classes in the community. In North Simcoe Muskoka, classes have been made available in all locations that previously offered OHIP funded classes. NSM currently has the capacity to accommodate almost 4,000 seniors in group exercise classes and when all expansion sites are up and running capacity will increase to accommodate over 5,000 seniors.

Quality Improvement

The NSM LHIN is committed to the application of quality improvement science to achieve its strategic objectives as identified through Care Connections. The organization is a leader in establishing a culture of continuous quality improvement using structured improvement methods and models, including the Model for Improvement, Six Sigma and Lean.

The focus for quality improvement activities this year was on building capacity within the system, creating networks and opportunities for collaboration, as well as direct facilitation of quality improvement events.

Led by the NSM LHIN Quality Improvement (QI) Team, exceptional progress has been made in developing a LHIN-wide Quality Network of QI leaders from across all sectors with a 200% increase over baseline. The focus this year was on training of QI Facilitators specifically for best Path implementation; a QI initiative developed by Health Quality Ontario (HQO) to improve transitions of care through a person's health system journey. In partnership with HQO, an additional 105 persons registered for training to be QI facilitators within their own organization or within their local Health Link to establish Care Coordination Plans for people who require frequent use of the system. Results of two 4-day training sessions produced an additional 70 QI Facilitators representing acute care, long-term care, community support service and primary care organizations as well as staff from NE LHIN and NSM LHIN. Of the 105 individuals, 70 attended and completed 4 full days of training. The 35 individuals who expressed interest and were unable to complete the full program will be offered an opportunity to do so within fiscal 2014/2015. A total of 120 individuals have been trained to date as Quality Improvement Facilitators through this program.

New this year to the Quality Improvement portfolio was the Community Health Links initiative. As a result of participating in the readiness assessment and business planning process, Health Links were able to embed quality improvement throughout their plans. In partnership with Health Quality Ontario, four (4) Value Stream Analysis Sessions were facilitated across the LHIN in the development of business plans and quality improvement

plans. NSM LHIN is involved on the ground with the change activities happening locally with both South Georgian Bay and Barrie Community Health Links.

In August 2013, a broad spectrum of partners came together for a facilitated planning session with the Aboriginal Community. *Niigaan Naabwin – Looking Forward* resulting in a number of key opportunities for improvement and collaboration between Health Links and the Aboriginal Communities. This work will continue through the Aboriginal Health Link Coordinator.

Many other events and activities across the *Care Connections* portfolio were held this year, including:

- Modified value stream analysis for Seniors Programs in Muskoka in collaboration with CCAC
- Value stream analysis session for the System Navigation, Information and Referral Steering Committee
- Value stream analysis session for the Diabetes Referral Process in Muskoka
- Integrated Rehabilitation Model Current State project including planning and facilitation of a two (2) day kaizen event to explore current state, gaps, opportunities, desired future state and recommendations
- Partnering with OSMH to deliver three (3) large kaizen events to implement 5 P rounding to seven (7) inpatient units

NSM LHIN is an active partner with Health Quality Ontario as a member of the HQO Champions program. Through this program, NSM LHIN is represented across the province with a diverse membership for the purposes of collaboration, learning and networking.

Seniors Health

Regional Seniors Health Plan

In October 2013 the NSM LHIN Board approved a plan to begin to build the infrastructure for an integrated regional program for seniors. As a result of that motion the NSM Seniors Strategy Task Group was struck in December under the leadership of the NSM LHIN and the sponsorship of the Care Connections In-Home and Community Capacity Coordinating Council. The mandate of the Task Group was to complete a re-fresh of the LHIN's 2009 Vision for an Integrated Regional Seniors Health Program in North Simcoe Muskoka document.

The Task Group's focus was on frail seniors and Specialized Geriatric Services. Specialized geriatric services are a comprehensive, coordinated system of hospital and community-based health and mental health services that diagnose, treat and rehabilitate frail seniors. These services are provided by interdisciplinary teams with expertise in care of the elderly and are provided across the continuum of care. Specialized Geriatric Services are inclusive of both Geriatric Medicine services and Geriatric Psychiatry services.

In early 2014, community engagement of over 300 North Simcoe Muskoka residents was conducted, supported by an online survey. The input received from the face to face meetings and survey input provided the Task Group with important information that helped

inform their discussions. At the same time, a review of leading practices related to Central Intake and Triage services was completed.

The draft re-fresh was presented to the Task Group at the end of March 2014 for finalization.

Other Initiatives

Georgian Village, a campus-style approach to the care of seniors, opened in Penetanguishene in early December 2013. Funding for the new long-term care beds at Georgian Manor was achieved through the closure of the interim long-term care beds at Georgian Bay General Hospital. This saw the completion of a project the LHIN had been involved with for many years.

To support completion of the Senior Friendly Hospital Strategy in NSM, and begin to build the foundation for an integrated regional system, Georgian Bay General Hospital hired a Regional Clinical Nurse Specialist, Seniors Health in March. The nurse specialist will be responsible for the development of standards of care, clinical programs, education and communities of practice.

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Finally, a long-term care study was completed which reviewed the current utilization of the North Simcoe Muskoka long-term care homes and identified opportunities for system change to better utilize existing capacity.

Integration

North Simcoe Muskoka LHIN continues to focus on integration as a key driver for health system transformation. Integration provides an opportunity for North Simcoe Muskoka health service providers to build partnerships, improve system responsiveness and to focus on quality care.

Local health system integrations are informed by the priorities of the North Simcoe Muskoka LHIN and its communities. NSM is making progress to improve the sustainability of the health system by encouraging integrated service delivery and care models across sectors.

Musculoskeletal (MSK) LHIN-Wide Integration- In order to ensure timely access, closer to home for individuals requiring hip and knee surgeries the NSM –LHIN developed a LHIN-wide MSK program which will now operate out of three sites including, Orillia Soldiers' Memorial Hospital, Royal Victoria Regional Health Centre and Collingwood General and Marine Hospital. Patients who are diagnosed with the need for a hip/knee replacement will enter a centralized triage and move through a system wide care pathway. All five hospitals voluntarily agreed that this evidence-based, three sited model was the best model for our local health system and thus agreed to implement this system-wide integration voluntarily.

Palliative Care Network (PCN) and Hospice Orillia -The PCN has been sharing back office elements such as bookkeeping and reception with Hospice Orillia for the last five years. Both organizations agreed that there was greater opportunity if both organizations amalgamated into one organization, which led to a voluntary integration that now allows

for more concentration of direct service to clients and fine tuning fund development strategies.

Information Technology Integrations

NSM LHIN has been successful in implementing the Ministry of Health and Long-Term Care's eHealth strategy, putting information technology to work throughout the NSM LHIN health care system. The integration of health information technology (IT) into primary care includes a variety of electronic methods that manage information about people's health and health care, for individual patients and groups of patients. The use of health IT can improve the quality of care, as it makes health care more cost effective. In primary care, examples of health IT can include the following:

1. Clinical decision support
2. Computerized disease registries
3. Computerized provider order entry
4. Consumer health IT applications
5. Telehealth
6. Electronic prescribing
7. Electronic medical record systems (Electronic Medical Records - EMRs, Electronic Health Records - EHRs, and Personal Health Records - PHRs)

In NSM, we have been excelling on all of them. The integration and adoption of the EHR technology by HSPs in the region is a very important part of the overall eHealth provincial strategy. The recent developments regarding the integration of electronic health records technology by two regional health service providers – Orillia Soldiers' Memorial Hospital and Muskoka Algonquin Healthcare – can attest to that.

Orillia Soldiers' Memorial Hospital (OSMH) and Grey Bruce Information Network (GBIN)
This voluntary integration related to the Electronic Medical Record (EMR) supports the NSM LHIN's vision of *Healthy People. Excellent Care. One System.* Engagement for this initiative included the *Care Connections* Information Communication Technology (ICT) / eHealth Coordinating Council, and was facilitated in part by NSM LHIN. The NSM Board of Directors approved this integration.

Muskoka Algonquin Healthcare (MAHC) and Grey Bruce Information Network (GBIN)
This voluntary integration will enable Muskoka Algonquin Healthcare to have access and procure the best Electronic Health Record solution by connecting to the hosting site at GBIN. Similar to OSMH, Muskoka Algonquin Healthcare (MAHC) has conducted an evaluation of prospective partnerships for an EMR.

Based on referral patterns that indicate the largest referral population for OSMH outside of their primary service area is those patients from Muskoka, numbers show that approximately 75% of the population serviced by MAHC will be covered by the GBIN EMR.

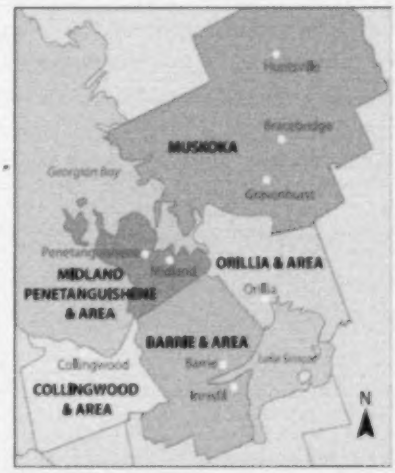
MAHC engaged NSM LHIN throughout the process, and also included the *Care Connections* Information Communication Technology (ICT) / eHealth Coordinating Council, and resources provided 'in-kind' to MAHC from NSM LHIN to support an in-depth vendor

analysis of the partnerships available. The NSM Board of Directors has approved this integration.

The Grey Bruce Information Network is built on the network of hospitals in the South West LHIN. This means that the OSMH and MAHC integrations cross LHIN boundaries and incorporate LHIN-to-LHIN integration of Health Information Systems through the Electronic Medical Record (EMR). The North Simcoe Muskoka LHIN and South West LHIN have effectively provided an electronic partnership using shared technology.

Engaging our Communities

In 2013-2014, the activities of the North Simcoe Muskoka LHIN continued to be supported by the commitment, knowledge and passion of hundreds of local individuals participating on our councils and steering committees, networks and project teams. Our annual *Care Connections* forum – *Transitions of Care* - was held May 28th and 29th with the agenda of the 29th mirroring our LHIN values: *Healthy People. Excellent Care. One System.*



During a dynamic and interactive panel discussion about the five Health Links in North Simcoe Muskoka, representatives for the lead organizations outlined the current and future state of our Health Links and were open to questions and conversation with attendees.

A highlight this year was having 44 of our partner organizations in health care from across our region and the province run kiosks. They shared some of the amazing work currently happening and many connections were made by health care professionals to better the patient experience.

Engagement events were held throughout the year with partners in health care including local organizations, physicians, municipal and regional representatives, clients and residents. The NSM LHIN organized and hosted several events including:

- Anti-Stigma Conference - an interactive workshop that aimed at unpacking stigma and focused on transforming practice
- Substance Use Conference - designed to support physicians and allied health professionals who work with individuals with various substance use issues
- Patient and Family Engagement Forum (partnered with the Change Foundation) - regional and provincial experts shared their learnings, best practices, successes, partnerships providing attendees with innovative and transformational information and tools to better engage clients for successful health system transformation at their organizations
- Chronic Disease Prevention and Management Forum – inspired new thinking about chronic disease, developed the knowledge and skills of NSM health care professionals to integrate into their practices, and highlight innovative programs and work happening within our region

- Long-Term Care Home Governance and Leadership Forum – leaders and governors from the LTC sector within North Simcoe Muskoka gathered to begin the work of partnering to develop system capacity. Best practices, shared learnings and knowledge, and local and system opportunities were discussed.

Ongoing engagement of our health care partners and clients/residents also occurred through Patient Satisfaction Surveys, 5 Value Stream Mapping Events, five regional Health Links engagement sessions and 10 engagement events focused on seniors' health care in North Simcoe Muskoka.

Aboriginal Engagement

The NSM LHIN renewed its Project Funding Agreement with the Aboriginal Health Circle, which receives LHIN funding through the Barrie and Area Native Advisory Circle (BANAC) to provide planning and information services that support Aboriginal health initiatives and programs. The objective of the Circle is to provide expertise on North Simcoe Muskoka's Aboriginal population, current assessment, future development areas and partnership opportunities to meet the deliverables of the LHIN's strategic priorities.

On July 31st, the NSM LHIN partnered with Health Quality Ontario, the Aboriginal Health Circle and BANAC to hold a Planning session regarding an Aboriginal Health Link. NSM LHIN raised with the Ministry the need for attention to Aboriginal community needs through Health Links via submission of a proposal for an Aboriginal Health Link model. While this model was not endorsed or funded, it did bring needs to the forefront, which the LHIN addressed through the establishment of and recruitment for an Aboriginal Lead who would work with all five Health Links in North Simcoe Muskoka. This position, in place for eighteen months, was created through a collaborative effort by the NSM Health Links Community of Practice, which comprises leaders and staff from all five NSM Health Links.

On March 19th and 20th, the NSM LHIN assisted the Aboriginal Health Circle to organize their annual Aboriginal Health Conference – *'Joining Hands, Linking Partnerships'*. Key note speakers included Dr. Barry Lavalee who addressed health inequity and linking primary care and community health services, and Carol Hopkins who spoke to about strengthening the practice of traditional healing.

The subject of NSM Community Health Links was also part of the day's work with information being discussed and gathered regionally that will inform the ongoing establishment of NSM Health Links that work for all of our residents, reflecting the needs and wants of Aboriginal communities and stakeholders across North Simcoe Muskoka.

Our commitment to Aboriginal Engagement was reflected in our CEO's 2014-15 CEO Deliverables, and with increased awareness of and sensitivity to Aboriginal needs and culture, LHIN staff ensure the needs of the Aboriginal community are top of mind in their daily work and projects, e.g. priority to identify care plans for high needs patients in the Aboriginal community.

Francophone Engagement

For North Simcoe Muskoka, the planning and implementation of French language health services is part of the initiatives being undertaken by the twelve *Care Connections* areas of focus.

Entité 4 plays a notable role in addressing the needs of our francophone community. By advising the LHIN on how best to overcome existing barriers and improve access and accessibility to French language services, Entité 4 and North Simcoe Muskoka LHIN continue to build on and improve the deliverables outlined in the Joint LHIN-Entité Action Plan.

Francophone engagement for North Simcoe Muskoka continues to be coordinated in partnership with Entité 4 which has a specific mandate for engaging the local francophone community. Clients, residents and health care partners and stakeholders from our francophone communities are included (as appropriate) as invitees to all NSM LHIN organized events and meetings.

Board Governance Engagement

June 2013

Board governors from partner organizations (funded and non -funded) attended local sessions for discussions specific to the needs of NSM LHIN residents. These planning sessions focused on:

- Building relationships within local communities at the governance level;
- Knowledge exchange re: agency and system governance, supporting change by working together; and
- Round table discussions of various scenarios.

These focused on the role Boards of individual organizations play in system change, how Boards can collaborate on system level discussions and decisions, and system and organizational accountability in our integrated and changing health care system.

The majority of participants who attended were in favour of continuing to meet to foster networking and knowledge sharing opportunities. What is also clear is that there are varying levels of governance expertise and needs/wants for future sessions. Bringing together such a diverse group of health care governors provides unique opportunities and challenges.

Fall 2013

Regional governance sessions were held in October and November, 2013 in each of NSM LHIN's five sub-geographies. These sessions provided an opportunity for Board Chairs to come together to discuss status, progress, future direction and action plans for each unique population within NSM.

Participants brought forward some very thoughtful perspectives on balancing agency and system responsibilities and accountabilities, building Board capacity, leveraging successes, developing common strategic directions, capitalizing on innovative thinking underway, managing risk, and other/new collaborative opportunities to support the transformation of health care delivery in North Simcoe Muskoka.

Status

NSM LHIN will continue to organize and offer Regional Governance Sessions as well as potential annual sessions that would bring governors from across our region together for various opportunities including the orientation of new Board members, pan -NSM LHIN education and networking prospects, and real-time brainstorming on situations through which Boards within our region are working.

Ministry-LHIN Performance Agreement

Performance Indicators

The North Simcoe Muskoka Local Health Integration Network (NSM LHIN) and the Ministry of Health and Long-Term Care (MOHLTC) negotiated and signed a performance agreement which defines the obligations and responsibilities of both the LHIN and the ministry for 2013-2014. The Ministry/LHIN Performance Agreement (MLPA) includes a number of schedules which outline expectations of the LHIN regarding Community Engagement, Planning and Integration, Local Health System Management, Financial Management, Local Health System Performance, and Reporting. The MLPA is mirrored in the Accountability Agreements the LHIN has negotiated with all health service providers.

ER Indicators

NSM LHIN showed improvements in its performance on the length of time patients wait in the Emergency Department compared to the prior year. For non-admitted patients, 9 out of 10 patients waited less than 3.6 hours for minor cases and less than 6.1 hours for complex cases. With respect to admitted patients, there had been significant increases in the length of time spent in Emergency throughout the year and particularly in the last quarter; however, in FY 2013-14, admitted patients waited approximately an hour and 20 minutes less than in the prior fiscal year.

Surgical Wait Times

Throughout FY 2013/14, there was a high proportion of patients with less urgent concerns that were seen within the target wait times for key surgical procedures (Cancer Surgery, Cataract Surgery, Hip and Knee Replacements). The target of 90% of Priority IV (non-urgent) cases for each of these procedures was exceeded throughout the year.

Alternate Level of Care (ALC) Days

Annual data appears to show that the percentage ALC increased compared to the prior year. In 2013-14, 23% of discharged patient days were attributed to ALC patients compared to 21.1% in 2012-13. While this appears to be a decrease in performance, the actual outcomes for the system were quite positive. The increase was primarily due to more long-stay patients being discharged than an increase in occupancy. The improved performance as a result of these discharges was particularly notable in the latest quarter of available data which showed a significant drop in ALC days and the lowest %ALC days since 2009-10.

Capacity and access to convalescent care beds has increased in NSM LHIN from 15 in 2012-13 to 39 in 2013-14. In addition, a re-launch of the Home First approach has now begun to show positive results. Funding to the CCAC has been increased to ensure

expanded support services are in place for patients being discharged to the community and approved and planned Health Links in NSM LHIN are working towards smoother transitions and care coordination for complex patients.

Readmission within 30 Days for Selected Case Management Groups

FY 2013-14 showed a further decrease in readmissions for selected CMGs compared to the year prior and was able to meet its MLPA target of 16%. In 2013-14 approximately 16% of these cases were readmitted to hospitals within 30 days of their initial admission for a similar reason. This was a decrease from the prior fiscal year result of 17%. The work of NSM LHIN Health Links to create coordinated care paths is expected to further impact this indicator positively and clinical path ways are currently being developed through Quality Based Programs (QBP) steering committees at a number of NSM LHIN hospitals.

Repeat Unplanned ER Visits within 30 Days for Mental Health Conditions and Substance Abuse Conditions

NSM LHIN's performance on repeat ER Visits remained relatively stable compared to the prior fiscal year. While there were slight changes from quarter to quarter, this variation was mostly due to the low volumes associated with Mental Health and Substance Abuse Conditions. While NSM LHIN did not achieve the target of 20% repeat ER visits for Substance Abuse, the result of 23.3% is the 4th best among LHINs.

90th Percentile Wait time from Community for CCAC In-Home Services – Application from Community Setting to First CCAC Services

In FY 2013-14, NSM Improved the wait time for CCAC In-Home Services for community clients from 89 days to 71 days for 9 out of 10 Clients. This improvement is in line with additional funding provided to the CCAC to expand services for higher needs clients in the community in order to support the implementation of Home First.

Diagnostic Imaging Wait Times

NSM LHIN was challenged in meeting its targets for the proportion of non-urgent patients. In the case of MRI wait times in FY2013-14, only 53.8% of non-urgent cases were able to receive their scans within the 28 day wait time. This was slightly less than the target of 60%. While there is capacity to perform additional MRI scans due to an additional MRI machine at RVH, available incremental funding for MRI was limited. This led to the in ability to maintain staffing levels and resulted in longer waits for non-urgent cases.

With respect to Commuted Tomography (CT) Scans, only 62.2% of non-urgent (Priority IV) cases were performed within the 28 day target. Although additional resources were diverted to perform CT scans in Q4, the delays that had occurred as a result of limited funding resulted in a smaller proportion of scans performed within the wait time targets.

NORTH SIMCOE MUSKOKA LHIN PERFORMANCE INDICATORS
2013/14 ANNUAL REPORT

PI No.	Performance Indicator	LHIN 2013/14 Starting Point	LHIN 2013/14 Performance Target	Most Recent Quarter 2013/14 LHIN Performance	FY 2013/14 LHIN Annual Result
1: Access to healthcare services					
1	90th percentile ER length of stay for admitted patients	26.50	23.00	28.15	25.18
2	90th percentile ER length of stay for non-admitted complex (CTAS I-III) patients	6.22	6.25	5.87	6.07
3	90th percentile ER length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients	3.70	3.70	3.58	3.63
4	Percent of priority IV cases completed within access target (84 days) for cancer surgery	95.00%	90.00%	98.39%	93.13%
5	Percent of priority IV cases completed within access target (90 days) for cardiac by-pass surgery	NA	NA	NA	NA
6	Percent of priority IV cases completed within access target (182 days) for cataract surgery	93.00%	90.00%	93.00%	93.83%
7	Percent of priority IV cases completed within access target (182 days) for hip replacement	98.00%	90.00%	96.04%	96.76%
8	Percent of priority IV cases completed within access target (182 days) for knee replacement	92.00%	90.00%	95.86%	90.93%
9	Percent of priority IV cases completed within access target (28 days) for MRI scans	54.00%	60.00%	16.22%	53.82%
10	Percent of priority IV cases completed within access target (28 days) for CT scans	85.00%	90.00%	55.85%	62.23%
2: Integration and coordination of care					
11	Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution*	21.09%	15.00%	17.04%	22.99%
12	90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	89.00	66.00	81.00	71.00
3: Quality and improved health outcomes					
13	Readmission within 30 Days for Selected CMGs**	17.00%	16.00%	17.08%	15.97%
14	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	14.70%	14.70%	14.33%	14.61%
15	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	20.00%	20.00%	23.39%	23.29%

*FY 2013-14 is based on most recent four quarters of data (Q4 2012-13 - Q3 2013-14) due to availability

**FY 2013-14 is based on most recent four quarters of data (Q3 2012-13 - Q2 2013-14) due to availability

North Simcoe Muskoka LHIN Operations

The North Simcoe Muskoka LHIN managed an allocation of $6,607,409 in fiscal year 2013-14. The allocation is comprised of the LHIN's base operational budget of $4,931,485 and special initiative funding of $1,675,924.

The LHIN received special initiative funding to support provincial priorities as follows:

- Aboriginal Planning
- Critical Care LHIN Lead
- Diabetes Regional Coordination Centre
- Emergency Department LHIN Lead
- Emergency Room / Alternate Level of Care Performance Lead
- e-Health Project Management Office
- Entité #4, planification des services de santé en français
- French Language Health Services
- Primary Care LHIN Lead

The Auditors' Report with audited financial statements and accompanying notes follow.

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Réseau local d'intégration des services de santé

Financial statements of

North Simcoe Muskoka Local Health Integration Network

March 31, 2014

North Simcoe Muskoka Local Health Integration Network

March 31, 2014

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Independent Auditor's Report

To the Members of the Board of Directors of the
North Simcoe Muskoka Local Health Integration Network

We have audited the accompanying financial statements of the North Simcoe Muskoka Local Health Integration Network (the "LHIN"), which comprise the statement of financial position as at March 31, 2014, and the statements of operations, change in net debt, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of North Simcoe Muskoka LHIN as at March 31, 2014, and the results of its operations, change in its net debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
May 26, 2014

North Simcoe Muskoka Local Health Integration Network

Statement of financial position
as at March 31, 2014

	2014	2013
	$	$
Financial assets		
Cash	**687,163**	872,550
Due from Ministry of Health and Long-Term Care ("MOHLTC") regarding Health Service Provider ("HSP") transfer payments	**6,648,800**	810,741
HST receivable and other	**107,902**	146,384
Due from LHIN Shared Services Office (Note 4)	**-**	32,613
	7,443,865	1,862,288
Liabilities		
Accounts payable and accrued liabilities	**769,141**	986,308
Due to MOHLTC Ontario (Note 3b)	**89,307**	70,389
Due to HSPs	**6,648,800**	810,741
Deferred revenue	**9,960**	16,991
Deferred capital contributions (Note 5)	**441,919**	302,903
	(7,959,127)	(2,187,332)
Net debt	**(515,262)**	(325,044)
Commitments (Note 6)		
Non-financial assets		
Prepaid expenses	**73,343**	22,141
Tangible capital assets (Note 7)	**441,919**	302,903
	515,262	325,044
Accumulated surplus	**-**	-

Approved by the Board

Chair

Vice-Chair

The accompanying notes to the financial statements are an integral part of these financial statements.

North Simcoe Muskoka Local Health Integration Network

Statement of operations
year ended March 31, 2014

	Budget (Note 8)	2014 Actual	2013 Actual
	$	$	$
Revenue			
MOHLTC Ontario funding			
HSP transfer payments (Note 9)	**840,301,798**	**840,288,389**	816,854,624
Operations of LHIN	**5,163,330**	**4,931,485**	4,142,654
LHIN Operations Special Funding (Note 3a)	**1,695,060**	**1,675,924**	2,542,061
Amortization of deferred capital contributions (Note 5)	-	**165,334**	96,722
	847,160,188	**847,061,132**	823,636,061
Funding repayable to the MOHLTC Ontario (Note 3a)	-	**(141,650)**	(140,649)
	847,160,188	**846,919,482**	823,495,412
Expenses			
Transfer payments to HSPs (Note 9)	**840,301,798**	**840,288,389**	816,854,624
General operating expenses (Note 10)	**5,163,330**	**5,021,942**	4,233,741
LHIN Operations Special Funded Initiatives (Note 3a,10)	**1,695,060**	**1,609,151**	2,407,047
	847,160,188	**846,919,482**	823,495,412
Annual surplus	-	-	-
Accumulated surplus, beginning of year	-	-	-
Accumulated surplus, end of year	-	-	-

The accompanying notes to the financial statements are an integral part of these financial statements.

North Simcoe Muskoka Local Health Integration Network

Statement of change in net debt
year ended March 31, 2014

	Budget (Note 8)	2014 Actual	2013 Actual
	$	$	$
Annual surplus	-	-	-
Acquisition of tangible capital assets	-	(304,350)	(217,074)
Amortization of tangible capital assets	-	165,334	96,722
Change in other non-financial assets	-	(51,202)	(7,167)
Increase in net debt	-	(190,218)	(127,519)
Net debt, beginning of year	-	(325,044)	(197,525)
Net debt, end of year	-	(515,262)	(325,044)

The accompanying notes to the financial statements are an integral part of these financial statements.

North Simcoe Muskoka Local Health Integration Network

Statement of cash flows
year ended March 31, 2014

	2014	2013
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of tangible capital assets	165,334	96,722
Amortization of deferred capital contributions (Note 5)	(165,334)	(96,722)
	-	-
Changes in non-cash operating items		
Increase in prepaid expenses	(51,202)	(7,167)
Increase in due from MOHLTC ("HSP's")	(5,838,059)	(545,941)
Decrease (increase) in due from LHIN Shared Services Office	32,613	(25,113)
Decrease (increase) in HST receivable	38,482	(10,681)
Decrease in accounts payable and accrued liabilities	(217,167)	(93,066)
Increase (decrease) in due to the MOHLTC Ontario	18,918	(274,553)
Increase in due to HSPs	5,838,059	545,941
Decrease in deferred revenue	(7,031)	(7,031)
	(185,387)	(417,611)
Capital investment		
Acquisition of tangible capital assets	(304,350)	(217,074)
Financing transactions		
Capital contributions received (Note 5)	304,350	217,074
Net decrease in cash	(185,387)	(417,611)
Cash, beginning of year	872,550	1,290,161
Cash, end of year	687,163	872,550

The accompanying notes to the financial statements are an integral part of these financial statements.

North Simcoe Muskoka Local Health Integration Network

Notes to the financial statements
March 31, 2014

1. Description of business

The North Simcoe Muskoka Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the North Simcoe Muskoka Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers the municipalities of Muskoka, most of Simcoe County and part of Grey County. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with Ministry-LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed Health Service Providers ("HSP") in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2014.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, and they are measurable. Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and the reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Deferred capital contributions

Any amounts received that are used to fund tangible capital asset purchases, are recorded as deferred capital contributions and are recognized over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of Operations, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Computer equipment and development	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Office furniture and equipment	5 years straight-line method

For assets acquired or bought into use during the year, amortization is provided for a full year.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Segmented disclosures

Management has determined that existing disclosures in the Statement of Operations and within the related notes for both the prior and current year sufficiently disclose information of all appropriate segments and, therefore, no additional disclosure is required.

3. Funding repayable to the MOHLTC

In accordance with the MLPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

	Funding received	Eligible expenses	2014 Excess funding	2013 Excess funding
	$	$	$	$
General LHIN operations	**4,931,485**	**4,856,608**	**74,877**	5,635
LHIN special funded initiatives				
Aboriginal Planning	**30,000**	**30,000**	-	-
Behavioural Supports Ontario, Coordination and Reporting Office	-	-	-	42,903
Critical Care Lead	**75,000**	**54,000**	**21,000**	2,052
Enabling Technologies	**560,864**	**560,864**	-	9,498
Emergency Department LHIN Lead	**75,000**	**54,866**	**20,134**	28,682
Entite de planification des services de sante en francais #4 Centre Sud-Ouest	**654,060**	**654,060**	-	51,511
Emergency Room/Alternative Level of Care Performance Lead	**100,000**	**100,000**	-	-
French Language Health Services	**106,000**	**85,732**	**20,268**	-
Primary Care LHIN Lead	**75,000**	**69,629**	**5,371**	368
Total LHIN special funded initiatives	**1,675,924**	**1,609,151**	**66,773**	135,014
	6,607,409	**6,465,759**	**141,650**	140,649

3. Funding repayable to the MOHLTC (continued)

b) The amount due to the MOHLTC at March 31 is made up as follows:

	2014	2013
	$	$
Due to MOHLTC, beginning of year	**70,389**	344,942
Funding repaid to MOHLTC during the current year	**(122,732)**	(415,202)
Funding repayable to the MOHLTC related to current year activities (Note 3a)	**141,650**	140,649
Due to MOHLTC, end of year	**89,307**	70,389

4. Related party transactions

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs, is responsible for providing services to all LHINs. The full costs of providing these services are billed to all of the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHINs at year end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the Shared Service Agreement the LSSO has with all the LHINs.

LHIN Collaborative (LHINC) was formed in fiscal 2010 as a LHIN-led service to strengthen relationships between and among health service providers. LHINC is accountable to the LHINs, and funded by the LHINs with support from the Ministry of Health and Long-Term Care.

5. Deferred capital contributions

	2014	2013
	$	$
Balance, beginning of year	**302,903**	182,551
Capital contributions received during the year	**304,350**	217,074
Amortization for the year	**(165,334)**	(96,722)
Balance end of year	**441,919**	302,903

6. Commitments

The LHIN has commitments under various operating leases expiring at dates up to 2016 related to building and equipment. Lease renewals are likely. Minimum lease payments due over the remaining terms of these leases are as follows:

	$
2015	239,467
2016	99,778

6. Commitments (continued)

The LHIN has funding commitments to health service providers associated with accountability agreements. The LHIN had the following funding commitments as of March 31, 2014.

	$
2015	808,001

The actual amounts which will ultimately be paid are contingent upon LHIN funding received by the MOHLTC.

7. Tangible capital assets

	Cost	Accumulated amortization	2014 Net book value	2013 Net book value
	$	$	$	$
Office furniture and equipment	797,936	543,244	254,692	235,845
Computer equipment	151,240	151,240	-	-
Leasehold improvements	1,180,907	993,680	187,227	67,058
	2,130,083	1,688,164	441,919	302,903

8. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported on the Statement of operations reflect the initial budget at April 1, 2013. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The total HSP funding budget of $840,288,389 is made up of the following:

	$
Initial budget	784,067,791
Adjustment due to announcements made during the year	56,220,598
	840,288,389

The total revised operating budget of $6,555,113 is made up of the following:

	$
Initial operating budget as reported on the statement of operations	6,885,734
Adjust for funding changes made during the year:	
Enabling Technologies	(19,136)
In-year recoveries by the MOHLTC	(52,343)
Amount utilized for Capital Asset purchases	(259,142)
Revised operating budget	6,555,113

9. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $840,288,389 (2013 - $816,854,624) to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2014 as follows:

	2014	2013
	$	$
Operation of hospitals	**434,567,460**	436,888,472
Grants to compensate for municipal taxation - public hospitals	**77,625**	77,625
Long term care homes	**137,304,554**	129,901,118
Community care access centres	**94,917,093**	86,700,423
Community support services	**13,743,709**	13,192,051
Assisted living services in supportive housing	**7,210,957**	6,364,053
Community health centres	**10,348,273**	9,359,831
Community mental health	**24,208,852**	23,585,845
Addictions program	**4,828,543**	4,640,537
Specialty psychiatric hospitals	**111,895,509**	104,960,017
Grants to compensate for municipal taxation - psychiatric hospitals	**23,400**	23,400
Acquired brain injury	**1,162,414**	1,161,252
	840,288,389	816,854,624

10. General operating expenses

The Statement of operations presents the expenses by function, the following classifies general operating expenses, by object:

	2014	2013
	$	$
Salaries and benefits	**3,261,522**	2,890,905
Occupancy	**273,514**	167,404
Amortization	**165,334**	96,722
Shared services	**402,189**	440,710
Advertising and public relations	**45,764**	11,141
Consulting services	**148,402**	88,184
Other services	**188,185**	170,703
Supplies, equipment and licences	**46,855**	43,697
Board Chair Per Diems	**57,425**	51,705
Other Board Per Diems	**43,875**	63,950
Board Expenses	**31,130**	37,061
Travel	**80,082**	63,373
Mail, courier and telecommunications	**277,665**	108,186
	5,021,942	4,233,741

10. General operating expenses (continued)

The LHIN received funding of $1,011,628 related to the assumption of work plan deliverables for diabetes and chronic disease management planning effective February 1, 2013. Expenses of $823,081 are included in general operating expenses. An additional $156,800 was used for the acquisition of tangible capital assets. Unused funding of $31,747 is included as due to the Ministry of Health and Long-Term Care.

	$
Salaries and benefits	448,827
Operating expenses	374,254
Tangible capital assets	156,800
	979,881

11. LHIN special funded initiatives

The Statement of operations presents the expenses by function, the following classifies LHIN Operations special funded initiatives, by object:

	2014	2013
	$	$
Salaries and benefits	532,392	946,292
Occupancy	31,048	65,580
Shared services	103,647	92,508
Advertising and public relations		35,648
Consulting services	123,629	143,812
Other services	38,890	225,401
Supplies, equipment and licences	47,923	46,799
Medical Professional Services	53,958	193,898
Travel	10,135	17,042
Mail, courier and telecommunications	13,469	37,516
Special project expenditures	654,060	602,551
	1,609,151	2,407,047

Enabling Technologies for Integration Project Management Office

Effective February 1, 2012, the LHIN entered into an agreement with Central, Central West, Central East, Toronto Central, and Mississauga Halton (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies for Integration Project Management Offices for its Cluster and related expenses. During the year, the LHIN received funding from Central West LHIN of $560,864 (2013 - $550,279).

12. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 26 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2014 was $241,768 (2013 - $239,374) for current service costs and is included as an expense in the Statement of Operations. The last actuarial valuation was completed for the plan as of December 31,2013. At that time, the plan was fully funded.

13. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favor of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the Local Health System Integration Act, 2006 and in accordance with s. 28 of the *Financial Administration Act*.